

CHAPTER 2: COMMUNITY SERVICES ASSESSMENT

This Chapter describes the Community Services Assessment conducted including identifying the prevention needs of populations at risk for HIV infection, the prevention interventions/activities implemented to address these needs regardless of funding source, and service gaps.

Key Steps to Conducting A Community Services Assessment

A community services assessment is an essential component of the HIV prevention community planning process. Indicated in HIV Prevention Community Planning Guidance a community services assessment is comprised of three steps:

- 1) *Needs assessment* — A process for obtaining and analyzing information to determine the current status and service needs of a defined population or geographic area.
- 2) *Resource inventory* — Current HIV prevention and related resources and activities in the project area, regardless of the funding source. A comprehensive resource inventory includes information regarding HIV prevention activities within the project area and other education and prevention activities that are likely to contribute to HIV risk reduction.
- 3) *Gap analysis* — a description of the unmet HIV prevention needs within the high-risk populations defined in the epidemiologic profile. The unmet needs are identified by a comparison of the needs assessment and resource inventory.

The goal of the community services assessment is to investigate both the met and unmet needs of each population selected and identify barriers to reaching them and engaging them in prevention activities. A met need is a required service that is currently being addressed through existing HIV prevention resources that are available to, appropriate for, and accessible to that population as determined through the resource inventory. An unmet need is a required service that is not currently being addressed through existing HIV prevention services and activities, either because no services are currently available or because available services are either inappropriate for, or inaccessible to, the target populations.

Additionally, the assessment of prevention needs furnishes information about the extent to which specific target populations are aware of HIV transmission methods and high-risk behaviors, are engaging in specific high-risk behavior, have been reached by HIV prevention activities, and are likely to participate in HIV prevention activities. The assessment also identifies barriers that make it difficult to reach specific target populations and involve them in HIV prevention initiatives and suggests strategies that may be effective in overcoming these barriers.

The following sections describe how each of the three key community services assessment steps were conducted during 2003 and 2004.

1. Needs Assessment of Priority Populations

A Needs Assessment Workgroup was established to provide leadership in completing a review of needs assessment process and make recommendations for future directions. The first step involved reviewing the updated Epi Profile in 2003 and comparing that with the 2000 priority populations. Based on review of the Epi Profile data, the Needs Assessment Workgroup summarized the data and made recommendations to the CPG to modify the list of priority populations. The CPG approved these recommended changes at their meeting in June 2003. See Chapter 4 for a more detailed explanation and description of the populations.

2004 - 2008 Priority Populations
HIV Positive Persons
African American MSM
African American Women who have sex with men (AAWSM)
African American Men who have sex with women (AAMSW)
White MSM
Injecting Drug Users
Hispanic/Latino Men and Women

Using these populations as a starting point, the Workgroup determined that the first step in collecting needs assessment information on these priority populations was to first determine what had already been done to date in the state. The Needs Assessment activities conducted in 2001 for the 2002 – 2004 HIV Prevention Plan are summarized in the Table below for Phase I.

PHASES	ANTICIPATED TIMEFRAME	TASKS TO BE COMPLETED
Phase I	2001	Phase I of the needs assessment consisted of collecting information regarding the priority populations through secondary data sources; conducting focus groups with two prevention provider groups, and surveying providers to determine the extent to which prevention services were available, accessible and appropriate for the priority populations.
Phase II	2002	Phase II of the needs assessment will focus on obtaining information from the priority target populations through focus groups, surveys, town meetings, interviews, etc.
Phase III	2003	Phase III of the needs assessment will include round table discussions with representatives of the target populations to share results of Phase II assessment and obtain feedback on the meaning of the results, verification and to learn recommendations for prevention strategies.

Since 2001, Phase II activities were initiated by the CPG as well as many other community needs assessments by local prevention contractors and organizations. For example, in 2003 and 2004 two cities, Columbia and Charleston, conducted RARE (Rapid Assessment, Research and Evaluation) projects funded through the U.S. Department of Health and Human Services. Results of the RARE assessments were shared with members of the CPG. In addition, the CDC's *Advancing HIV Prevention Initiative* directed health departments and community planning groups to prioritize HIV infected persons as the number one priority population.

As a result of these new assessments and revisions to priority populations, prior to continuing with Phase III roundtable activities, the Needs Assessment committee wanted to update the secondary research conducted in 2001. During January to June 2004, the University of South Carolina's Institute for Families in Society was contracted to collect and summarize the various needs assessment information from the HIV prevention contractors and providers in the state, to

summarize their findings by priority population, and to make recommendations on future steps for needs assessment activities in South Carolina.

The Institute for Families in Society reviewed the data and presented a summary of their findings at the June 2004 meeting of the CPG. A final written report was provided in August 2004. At the June 2004 meeting Dr. Muriel Harris, the Principal Investigator, indicated that there were strong limitations to what could be gleaned from the various needs assessments because they utilized different methodologies, often combined priority populations into mixed groups to complete the needs assessment, and asked different questions precluding comparisons. The following summary points and recommendations were made to the CPG:

- A total of 78 documents were received, reviewed and analyzed for needs information. Only 62 contained information related to needs and 33 had information related to services. Three had both.
- Seventy-seven were specific to South Carolina, 71 were HIV/AIDS specific studies or publications, 55 were specific to South Carolina CPG-specified priority populations.
- Twenty-two documents did not have any data, results or findings.
- The most frequently occurring method of obtaining needs assessment information was focus group discussion (n=22), followed by surveys (n=17), program reports (n=15) and face-to-face interviews (n=12).
- Most of the documents (12) contained information on HIV positive persons, the number one priority population. Other priority populations were represented by far fewer studies (1-4), with Injecting Drug Users (IDUs) and Hispanics being the least represented.
- While there were some unique needs identified for each priority population (see attached power point slides from presentation to CPG), overall there were five major themes in the assessment of needs among all the priority populations:
 - Increase knowledge and skills in HIV prevention,
 - Provide opportunities for behavior modification for both sexual and drug taking risks associated with the spread of HIV/AIDS.
 - Provide improved health care and social services,
 - Ensure the integration of HIV/AIDS care and drug treatment services, and
 - Address issues of stigma and discrimination.
- Final recommendations from the researcher were:
 - Consolidate needs assessment activities at the state level to ensure consistency in methods used and questions asked.
 - Adopt and implement a standardized approach to the collection of data for needs assessment.
 - Conduct a search to identify existing reliable and valid tools for conducting needs assessment among the priority populations.
 - Develop a multi-year plan for conducting needs assessment activities.

Use of Data:

The CPG considered this needs assessment information along with reports from the RARE assessments and local providers, such as the CDC-Direct Funded Project 'Between Brothers', to update the descriptions of barriers, risks, and prevention needs for the priority population profiles in Chapter 4 Priority Populations and Interventions. Several data were consistent with other data

sources (project reports/grant narratives, focus groups, epi profile) thus it validated existing perceptions. For example, several data sources across populations indicate that substance use is a behavior associated with HIV risk through sexual activity; therefore, substance users are listed as a subpopulation in the priority population profiles for all populations as well as the need for stronger linkages to substance use services.

The primary use of this Needs Assessment report is being used by the committee to plan future activities for the 2005 – 2008 period, particularly completing round-table discussions with priority populations and linking activities with assessments being conducted by care providers.

2. Resource Inventory

This comprehensive resource inventory includes information regarding HIV prevention activities in South Carolina and other education and prevention activities that are likely to contribute to HIV risk reduction. The resource inventory information described in this Chapter helps to describe the ‘met’ prevention needs by geographic area in the state.

In 2004, a listing of the primary HIV prevention activities was compiled into a table format that summarizes:

- Name of provider and contact information
- Geographic areas served (by public health district boundaries as of June 2004)
- Estimated DHEC, CDC or other funding levels, if known
- Targeted populations
- Types of programs offered

The information was compiled through reviewing the 2001 Provider Survey responses from 105 agencies with updates from DHEC STD/HIV Division contact lists. Local providers and CPG members reviewed the list for completeness in September 2004. The Table is on pages 14- 26 of this Chapter.

In addition to the data in the Table listing primary prevention providers/services in the state, DHEC staff prepared GIS maps depicting the primary HIV prevention providers to visually summarize met and unmet needs by geographic area. This allowed CPG members to compare to maps showing HIV incidence and prevalence by district to determine if the number of providers by location are reflective of the epidemic. The maps are found on pages 8-10. The GIS maps were prepared based on the recommendation from the 2002 – 2004 planning period to enhance the gap analysis and priority setting process.

The primary funding for direct HIV prevention services in South Carolina is the Centers for Disease Control (CDC) HIV prevention cooperative agreement to SC DHEC and the CDC direct-funded community organization funds to PALSS, S.C. HIV/AIDS Council, and Hope Health. These CDC funds account for over \$5.7 million in 2004/2005. Additionally, DHEC receives some state funds for HIV/STD prevention (approximately \$4 million annually). Additional funds for HIV counseling and testing services are provided in the HRSA Title III grants and the SAMAHA Alcohol and Drug Abuse Block Grant – HIV Early Intervention requirement.

Limitations

The information in the Resource Inventory Table on target populations, interventions, and funding is specific for the DHEC funded providers and CDC Direct-Funded providers. However, for other providers, it was not always possible to obtain information describing populations served according to the CPG's priority population definitions. Therefore, the summary analysis often limits population types to race/gender categories and may not reflect risk characteristics. In addition, the types of interventions for these other providers could not always be specifically defined. For these providers, funding amounts were also not always available particularly for the particular prevention intervention listed. For example, the total amount of HRSA Ryan White Title III funds an organization receives may be known, but not the amount allocated for counseling and testing services. DHEC funds allocated includes state and federal funds for STD activities and it is not possible to distinguish precisely the amount specific to HIV prevention as DHEC considers STD control to be HIV prevention and staff are integrated at the state and local health department level. Data on the programs and target populations reached is based on 2003 contractor and program reports and may not be indicative of future services but it serves as a guide for who is providing what services for what populations.

While these data attempt to portray the *availability* of prevention services in South Carolina, the data do not relay other key components of unmet need such as *acceptability* and *accessibility* of services. For example, services may exist in a county for counseling and testing but may not be offered during times of day or days of the week that are convenient for people who work and can't take time off. Or, the physical environment of an agency offering services and staffing skills and make-up may not be user-friendly or culturally acceptable to the target populations. For example, a community delivered HIV counseling and testing event at a college campus may not reach those at greatest risk (such as African American MSM) because that population will not likely participate in a testing event where other students/faculty are present, regardless of how 'confidential' the staff attempt to make the environment. Also, while some services may be available in each county, the data do not specifically reflect staff burdens compared to HIV incidence and prevalence, particularly important for staff-intensive interventions such as PCRS, PCM, etc.

Finally, it is there may be other providers delivering services not reflected in the Resource Inventory. The original 2001 provider survey had a low response rate (16% of 600 surveys mailed). In 2004, staff focused the inventory to those organizations and activities most involved with HIV prevention or sexual/drug risk reduction. There may be other organizations such as clinical trials or other research projects at medical schools or universities not reflected. Special grants from foundations that are time-limited are included, such as SCHAC's Ford Foundation – anti stigma grant and Hope Health's Pzifer grant. However, both these grants are time limited (1 – 2 yrs) so for decision-making around HIV prevention funds for the next 3 years, the CPG acknowledged these important contributions but did not weigh them for future longer-term program needs.

Summary Analysis

The CPG used the information from the Resource Inventory table and DHEC's local health department and HIV prevention contractors to determine the estimated representation of HIV

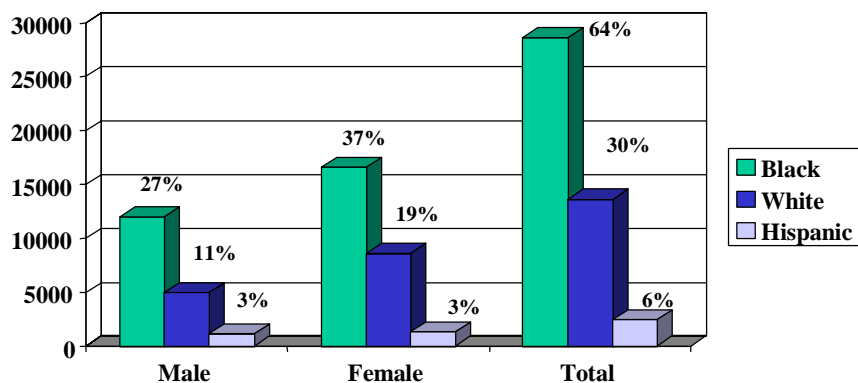
prevention efforts during 2003/2004 and the funding available for primary interventions in the state and by geographic region.

a. *Populations Served*

Figures 1 – 4 below portray the populations reached for DHEC HIV counseling and testing sites, community counseling and testing providers, PCRS services, and Health Education/Risk Reduction providers. These data come from DHEC program and contractor reports. Consistently across all prevention services, the majority of populations reached are African Americans (average percent is 69%).

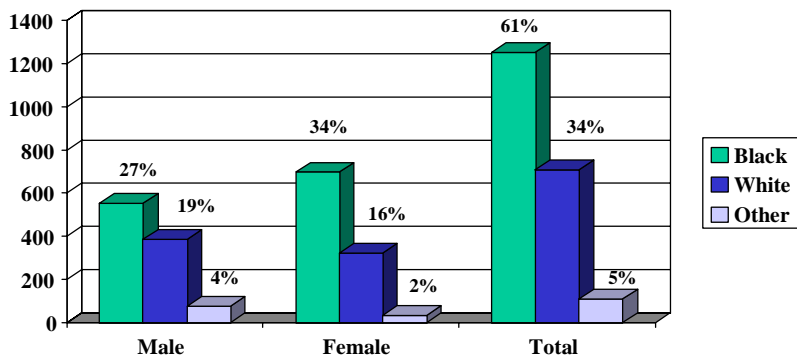
Counseling and testing services by local health department and community organizations contracted by DHEC (Figures 1 & 2) serve primarily African American women (about 33% of total persons served), followed by African American men (27% of total).

Figure 1. Number and percent of persons receiving HIV counseling and testing services in local health departments Y2003, by Race/Gender



Race percents for males and females are based on total number of persons receiving services (N = 44,723). Data excludes persons with other/unknown race.

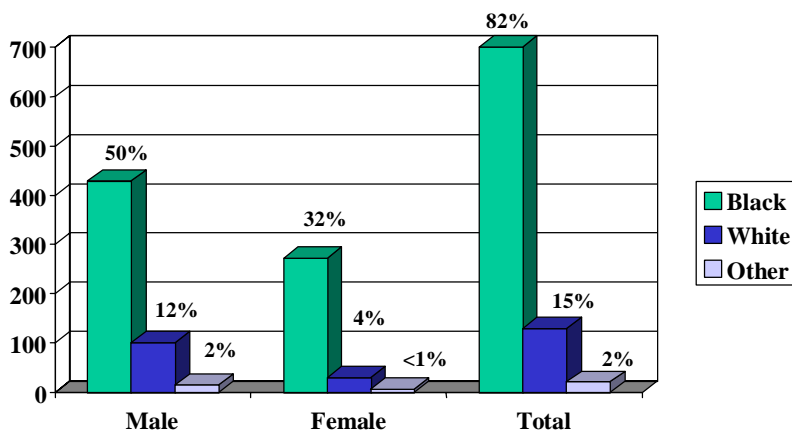
Figure 2. Number and percent of persons receiving HIV counseling and testing services by DHEC-supported community organizations



Race percents for males and females are based on total number of persons receiving services (N =2,066). Data excludes persons with unknown race.

PCRS services (Figure 3) represent the number of HIV infected persons interviewed for partner follow up (contacts reached are not reflected in this data). These data essentially equal the portion of newly diagnosed and reported persons, with 82% of total persons interviewed being African Americans; 50% were men, 32% were women.

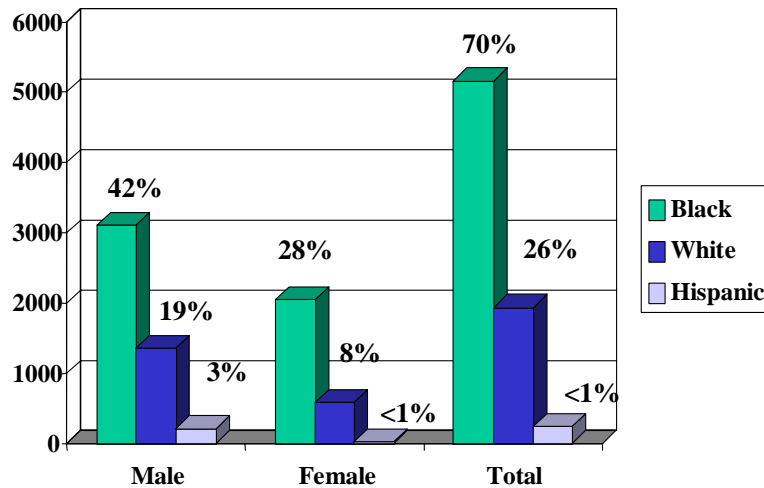
Figure 3. Number and percent of HIV infected persons receiving partner counseling services in CY2003, by Race/Gender



Race percents for males and females are based on total number of persons receiving services (N =849). Data excludes persons with race unknown.

Health education/risk reduction providers (HE/RR) served mostly African American men (42%) and African American women (28%), reflecting the priority population rankings in the 2004 prevention plan. About 2% of the total persons receiving HE/RR services (excluding PCM), were HIV infected persons as only a small number of DHEC-funded providers (3) conducted interventions with HIV infected persons (the number one ranked priority population in 2004).

Figure 4. Number and percent of persons receiving HE/RR* programs by DHEC-funded providers in CY2003 by race/gender



*Includes ILI, GLI, and Outreach and includes 151 persons with HIV. Race percents for males and females are based on total number of persons receiving services (N=7,337). Data excludes persons with other/unknown race.

b. Prevention Interventions Provided

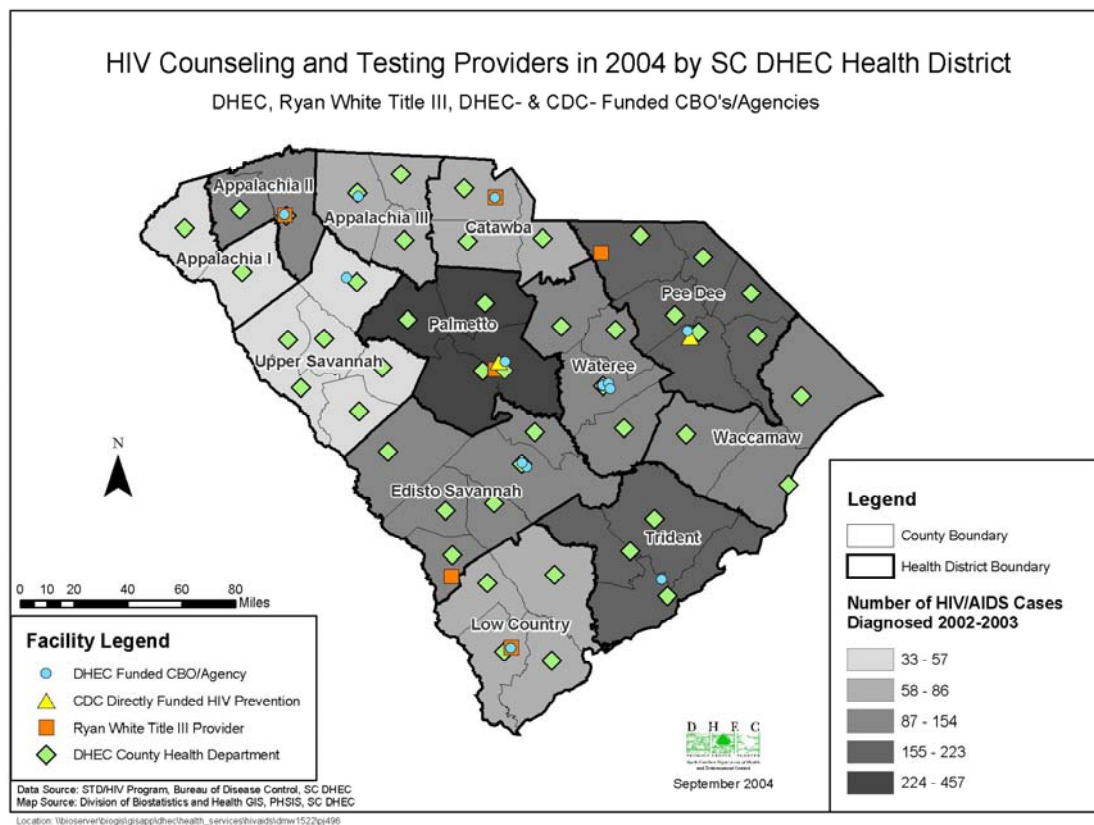
To summarize the types of interventions available across the state for all populations, the table below was prepared for the CPG indicating the number of agencies reporting providing the listed interventions. These data were compiled from the Resource Inventory Table.

Number of Prevention Agencies/Organizations Providing Prevention Interventions

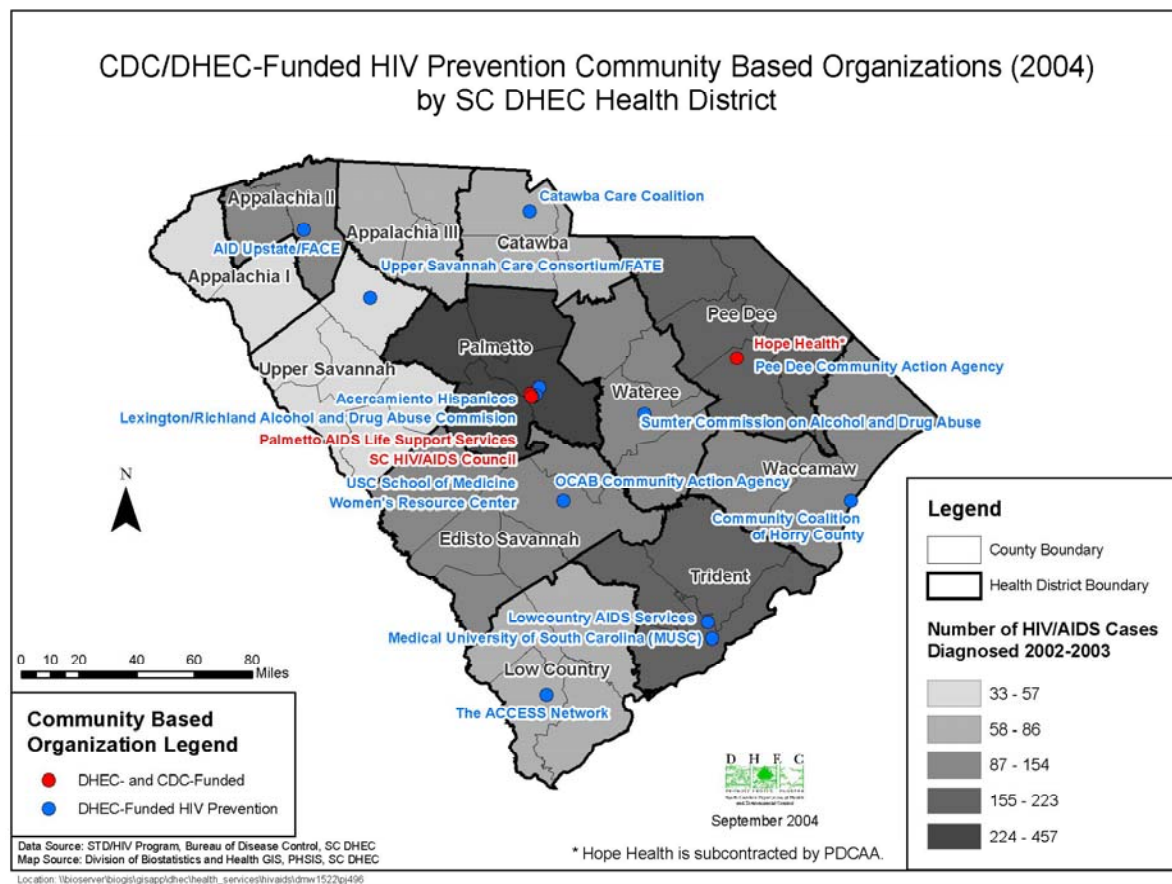
Prevention Interventions Provided	Number of Agencies/Organizations
HIV counseling and testing Clinic based & Community based	46 county health departments 5 RW Title III 5 Alcohol & Other Drug Abuse 13 CBOs SC State
Partner counseling and referral services	46 (county health depts.)
Health Communications/Public Information	20
Group level interventions	22
Individual interventions	14
Prevention Case Management	11
Outreach	12

In addition to this table, two GIS maps below provide visual information about geographic availability of interventions. Prevention services available in each county include clinic based HIV counseling and testing and partner notification services. Health Communications/Public Information activities are also widely conducted. There are fewer providers conducting GLI , ILI and PCM services.

Forty-six (46) county health departments, 5 RW Title III, 5 alcohol and drug abuse agencies, 13 CBOs, and SC State University provide HIV counseling and testing services. These sites either received 1) HIV prevention funding or 2) paid DHEC lab services for testing.



This map below shows DHEC and CDC HIV funded prevention providers. Of these, 13 organizations provide interventions specifically targeting African American MSM, and 5 target White MSM. The majority of providers target and reach African American men and women.



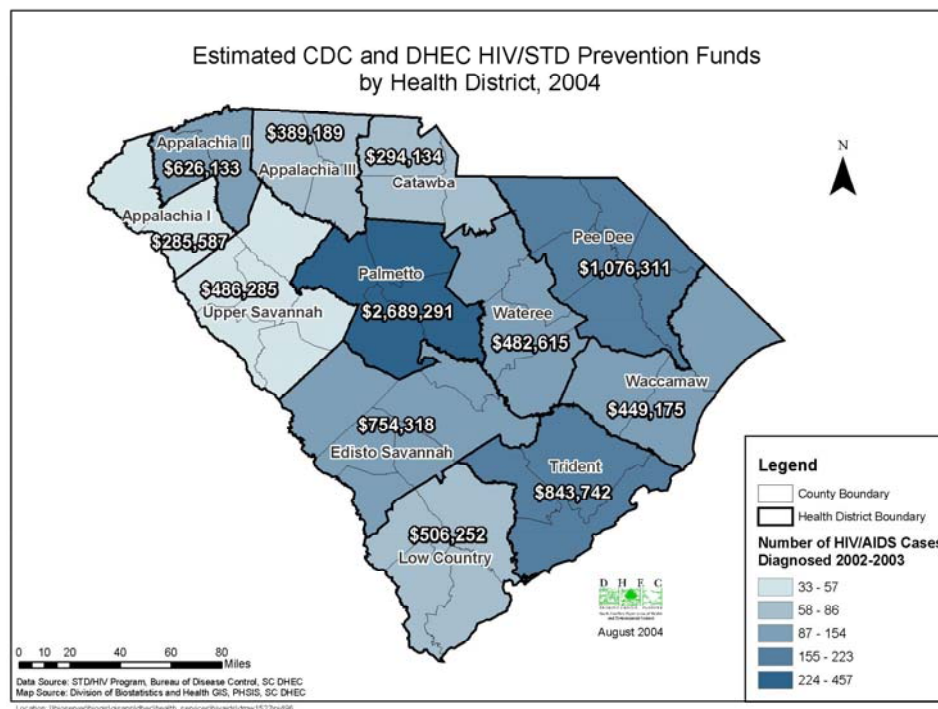
c. Prevention Funding in South Carolina

In order to assist the CPG in priority setting and assessing gaps in services, a following summary of HIV prevention specific **resources (funds)** in South Carolina was reviewed.

<u>DHEC FEDERAL HIV PREVENTION FUNDING FROM CDC</u>	
1. Counseling/Testing, PCRS	\$1,905,696
2. Health education/risk reduction	\$1,801,384
3. Public Information	\$109,956
4. Evaluation	\$183,193
5. Capacity Building	\$179,187
6. Community Planning	\$221,280
7. Other (includes agency fringe benefits, indirect, general overhead, office supplies, etc)	<u>\$276,398</u>
SUBTOTAL	\$4,654,369
<u>DHEC STATE GENERAL REVENUE STD/HIV FUNDS</u>	
1. County Health Departments (Nurses, DIS, Health Educators, in. Support Staff and operating to deliver HIV counseling and	\$2,845,111

testing, STD diagnosis and treatment, PCRS, Health Education)	
2. State Office (HIV/STD Lab test, STD treatments)	<u>\$1,449,076</u>
SUBTOTAL	\$4,294,187
CDC DIRECT FUNDING TO CBOs	
Directly Funded Prevention Projects (4)	\$1,402,763
OTHER DHEC PREVENTION-RELATED FUNDING	
1. DAODAS Contract for HIV Counseling and Testing, Hepatitis C Services	\$356,790
2. CDC Syphilis Elimination Funds	\$763,240
3. CDC Infertility Prevention	\$405,142
4. CDC STD Services	\$991,528
5. CDC HIV Surveillance	\$873,111
6. Office of Minority Health Demonstration Project	<u>\$150,000</u>
SUBTOTAL	\$3,539,811
GRAND TOTAL	\$13,891,130
Note: funding amounts based on estimated CY2005 or FY2004/05 depending on type of fund	

The GIS map below shows the total funds for HIV and STD prevention services from CDC and DHEC by health district and by 2002/2003 new HIV case diagnosis. This indicates that essentially the resources are allocated relatively consistent with the HIV epidemic. For example, Palmetto District has the greatest number of new HIV cases diagnosed and the greatest amount of HIV/STD prevention resources.



3. Gap Analysis

Based on a review of the community services assessment data (needs assessment and resource inventory) and the epidemiologic profile data, the CPG confirmed the populations at highest risk for HIV and the greatest need for services. The descriptions of Priority Populations in Chapter 4 summarize the specific barriers and needs for prevention services for each population.

Summary: What are the Primary Met Comprehensive Prevention Needs in South Carolina?

Based on the community services assessment, the following indicate ‘met’ prevention needs:

- Resources for HE/RR interventions reflect a greater amount of effort being targeted to the top priority populations (African American MSM and heterosexual men and African American women having sex with men).
- Interventions such as counseling, testing and referral; partner counseling and referral, and STD services are available in each county for all priority populations. It is acknowledged that these interventions are only partially “met” needs as they may not be consistently accessible; be delivered in convenient, community settings, or fully meet all the prevention needs of clients served.
- A significant amount of resources are allocated to reach HIV-infected persons through counseling and testing, partner notification and referrals to care. The wide network of existing HIV care providers in the state provide varying levels of HIV risk reduction counseling at least upon initial entry to care.

Summary: What are the Primary Unmet Comprehensive Prevention Needs in South Carolina?

More prevention programs are needed for ongoing services for HIV infected persons. Few providers are currently providing the recommended interventions of PCM, GLI or ILI. Enhanced case management activities are needed to improve the successful linkage of newly diagnosed persons to care services in a more timely manner (see description of Linkages in the Coordination and Linkages Chapter).

Both STD/HIV prevention and HIV care services target in particular African Americans, who are disproportionately impacted by these diseases. Many challenges exist, however, that must be addressed to eliminate this health disparity. The overall impact of poverty, substance use, and insurance status contributes both to placing African Americans at risk for acquiring STD’s and HIV and to creating challenges in providing prevention and care services. The impact is particularly significant in rural areas of the state where there are fewer prevention and care providers, longer distances to travel for services, and fears of stigma and discrimination.

Issues of confidentiality remain consistent barriers, especially for rural clients. Fear of alienation and rejection if someone in their small town finds out their HIV status are so great that many clients are reluctant to get tested, and if infected with HIV, are forced to live in denial. The fear of being found out prevents clients from seeking services, following up on symptoms, and from asking questions of health care providers. This fear also can be a barrier for drug adherence, challenging clients to prevent others from seeing the medicines in their home or work setting.

Primary barriers and unmet HIV needs that have been identified by both prevention and care providers include the following:

- Scarce human and financial resources challenge the delivery of HIV/STD services. Many STD clinics must turn clients away for same day treatment; HIV care providers do not enough resources to meet client needs.
- Access to the targeted populations is challenged by distrust and wariness of data and medical/public health institutions.
- For African American men who have sex with men, there is a lack of defined, open “community” in which to direct outreach/education services; lack of family acknowledgement and support of sexuality issues reduces access to preventive health services.
- There is no singular HIV prevention program for African American MSM, multiple approaches are needed.
- Time constraints due to large client caseloads create inequities in availability (and quality) of clinic and risk reduction interventions.
- Barriers to being tested include the stigma of going to be tested, fear of clinic staff talking, fear of being seen at a clinic, and of simply not wanting to know if they have HIV disease.
- Lack of statewide opportunities for community delivered STD/HIV screening and outreach services for populations not being reached by “traditional” services.
- Need for easier access to drug treatment and prevention counseling for alcohol/other drug using persons.
- There is a lack of trained staff to provide range of effective interventions particularly to MSM and HIV infected persons.
- There is a lack of credible members of the affected community advocating for HIV prevention and ownership of HIV.
- There is a need to provide information to high risk groups who do not access community (agency) services (unemployed, out of school).
- Need for expanded, targeted peer education programs for youth and young adults, especially those who are gay, lesbian, bisexual, questioning and who are African American.
- Need for increased peer education and skill building for HIV positive persons.

Additionally, there is a need to better integrate and link care and prevention efforts to reduce the risk of transferring HIV to others from those already infected and to increase the number of HIV infected persons who are in a system of care.

Finally, for each of its priority populations, the statewide HIV Prevention Community Planning Group also identified a need for more behavioral risk data, social network information and needs assessment information involving members of the priority populations to better guide decisions for planning, designing interventions and targeting resources.

Key recommendations for addressing these unmet needs are:

- Reach uninfected people at risk at the community level.
- Involve African American community representatives in designing, planning and delivering local prevention initiatives.

- Reach infected people with HIV testing, treatment referrals, and on-going prevention services (including linking persons with substance abuse treatment programs, family planning, STD, mental health or job training, etc. services).
- Provide information to high-risk groups who do not access community/agency services (unemployed, out of school).
- Increase programs targeting men who have sex with men.
- Expand targeted peer education programs for youth and young adults.
- Improve access to drug treatment and prevention counseling for alcohol/other drug using persons.
- Increase number of trained staff to provide range of effective interventions particularly for men who have sex with men and HIV infected.
- Build capacity among community organizations, including the faith community recognizing differences in abilities to deliver services across communities
- Engage other key leaders to address underlying issues causing HIV stigma and health disparities for African Americans.

HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
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REGION 1

APPALACHIA I HEALTH DISTRICT – ANDERSON, OCONEE COUNTIES

Appalachia I Health District STD/HIV Services 220 McGee Road Anderson, SC 29625 (864) 260-5541	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS PCM/ILI STD diagnosis and treatment	\$210,443	7%	None
AID Upstate PO Box 105 811 Pendleton Street 10 Medical Court, 29601 Greenville, SC 29602 (864) 232.2310	AIDS Service Organization (ASO)	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR/OUT ILI PCM VOICES Many Men Many Voices Healthy Relationships http://www.aidupstate.org/ [note: total award from DHEC is \$221,000 to serve both App. I and II areas. AID Upstate serves Anderson, Greenville, Oconee, and Pickens]	\$221,000	100%	None
Adolescent Pregnancy Prevention Programs	Pregnancy Prevention	Youth	Funded by the South Carolina Department of Social Services (DSS in 35 of the 46 counties in South Carolina), these county-based programs work in their communities to reduce the incidence of teen pregnancy through programming that will delay the initiation of sex, reduce the frequency of sex, or increase the use of contraception by sexually active teens. http://www.teenpregnancy.org/index.html Total = \$163,409 Anderson \$108, 418 Oconee \$54,991	None		None
Anderson/Oconee Behavioral Health Services 226 McGee Road Anderson, SC 29625-2104 Phone: (864) 260-4168 Fax: (803) 261- 7543	Alcohol and Other Drug Abuse Services (AOD)		CTR Early Intervention Services clients in AOD who may be at risk of HIV infection, Hepatitis C, TB, and other infectious diseases. Staff supported person to provide counseling and link to services.	None		None

UPPER SAVANNAH HEALTH DISTRICT – ABBEVILLE, EDGEFIELD, GREENWOOD, LAURENS, MCCORMICK, SALUDA

Upper Savannah Health District STD/HIV Services PO Box 3227 1736 S. Main Street Greenwood, SC 29646 (864) 942-3600	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS PCM/ILI HE/RR PI STD diagnosis and treatment	\$388,083	52%	None
Upper Savannah Care Consortium P.O. Box 888 Laurens, SC 29360 (864) 984.1822 x103	ASO	AAMSM AAMSW AAWSM Hispanic	CTR/OUT	\$40,000	100%	None

HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
Adolescent Pregnancy Prevention Program	Pregnancy Prevention	Youth	Funded by the South Carolina Department of Social Services http://www.teenpregnancysc.org/index.html Total = \$270,664 Abbeville \$37,959 Edgefield \$34,116 Greenwood \$69,324 Laurens \$64,626 McCormick \$34,126 Saluda \$30,513	None		None
REGION 2						
APPALACHIA II HEALTH DISTRICT – GREENVILLE, PICKENS						
Appalachia II Health District STD/HIV Services PO Box 2507 200 University Ridge Greenville, SC 29602 (864) 282-4100	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS PCM/ILI HE/RR PI STD diagnosis and treatment	\$480,264	36%	None
AID Upstate PO Box 105 811 Pendleton Street 10 Medical Court, 29601 Greenville, SC 29602 (864) 232.2310	ASO	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR/OUT ILI PCM VOICES Many Men Many Voices Healthy Relationships [Note: total award is for App. I & II districts]	\$221,000	100%	None
New Horizons Family Health Services 130 Mallard Street, PO Box 287 Greenville, SC 29602 (864) 751-3200 or 244-1534	RW Title III		CTR services Provides counseling and testing through HRSA Title IIIB grant	None		None
Adolescent Pregnancy Prevention Program	Pregnancy Prevention	Youth	Funded by the South Carolina Department of Social Services http://www.teenpregnancysc.org/index.html Total = \$252,991 Greenville \$181,015 Pickens \$71,976	None		None
Greenville County Commission on Alcohol and Drug Abuse 3336 Old Buncombe Road Greenville, SC 29617 Phone: (864) 467-3938 Fax: (864) 467-3779	AOD		Early Intervention Services clients in AOD who may be at risk of HIV infection, Hepatitis C, TB, and other infectious diseases. Staff supported person to provide counseling and link to services.	None		None

HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
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APPALACHIA III HEALTH DISTRICT – CHEROKEE, SPARTANBURG, UNION

Appalachia III Health District STD/HIV Services PO Box 4217 151 E. Wood St. Spartanburg, SC 29305 (864) 596-3334	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS PCM/ILI HE/RR STD diagnosis and treatment	\$297,013	25%	None
Spartanburg Alcohol and Drug Abuse Commission (SADAC) 187 W. Broad Street PO Box 1252 Spartanburg, SC 29304 (864) 585.8252 (864) 582.7588 x 336	AOD	AAMSM AAMSW AAWSM WMSM Hispanic	CTR/OUT SISTA Voices	\$70,000	100%	None
Adolescent Pregnancy Prevention Program	Pregnancy Prevention	Youth	Funded by the South Carolina Department of Social Services http://www.teenpregnancysc.org/index.html Total = \$260,060 Cherokee \$60,247 Spartanburg \$153,847 Union \$45,966	None		None
SADAC 187 W. Broad Street P. O. Box 1252 Spartanburg, SC 29304 Phone: (864) 582-7588, ext 342 Fax: (864) 582-8119	AOD		Early Intervention Services clients in AOD who may be at risk of HIV infection, Hepatitis C, TB, and other infectious diseases. Staff supported person to provide counseling and link to services.	None		None

REGION 3

CATAWBA HEALTH DISTRICT – CHESTER, LANCASTER, YORK

Catawba Health District STD/HIV Services PO Box 817 1833 Pageland Highway Lancaster, SC 29721 (803) 286-9948	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS PCM/ILI HE/RR PI STD diagnosis and treatment	\$195,096	0%	None
Catawba Care Coalition, Inc. Catawba AIDS Prevention Network 1151 Camden Avenue Rock Hill, SC 29732 (803) 909.6363 ext. 234	ASO	HIV+ AAMSM AAWSM WMSM	CTR/OUT ILI SISTA	\$90,000	100%	None
Adolescent Pregnancy Prevention Program	Pregnancy Prevention	Youth	http://www.teenpregnancysc.org/index.html Total = \$200,289 Chester \$45,442 Lancaster \$58,609 York \$96,238	None		None

HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/ DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
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PALMETTO HEALTH DISTRICT – FAIRFIELD, LEXINGTON, NEWBERRY, RICHLAND

Palmetto Health District STD/HIV Services 2000 Hampton Street Columbia, SC 29204 (803) 576-2900	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS HE/RR PI STD diagnosis and treatment	\$1,142,484	18%	None
Palmetto AIDS Life Support Services (PALSS) P.O. Box 11705 Columbia, SC 29211 (803) 779.7257	CBO	HIV+ men HIV+ women AA MSM AA MSW AA WSM	DHEC Funded: Partners in Prevention to male and female inmates SISTA CDC Directly Funded Activities: HE/RR (GLI-5B) to women in subsidized housing communities and domestic violence shelters (Women's Health Council Project) HC/PI to incarcerated men at Watkins Pre-Release. POL - To AA men and women at high risk who are negative or unaware of their HIV status. Healthy Relationships - HE/RR (GLI-5B) to HIV+ AA men and women enrolled in PCM. http://www.cdc.gov/od/oc/media/pressrel/r040521b.htm http://www.palss.org/	\$125,000	100%	\$307,000
Women's Resource Center P.O. Box 5122 Columbia, SC 29250 (803) 771.0785	CBO	HIV+ women	Healthy Relationships	\$20,000	100%	None
University of South Carolina School of Medicine 2 Medical Park, Ste. 502 Columbia, SC 29203 (803) 540-1030	University/ Medical School	HIV+ women	PCM/ILI for HIV+ women who are pregnant (perinatal prevention funds)	\$83,492	100%	None
South Carolina HIV/AIDS Council SCHAC PO Box 2531 Columbia, SC 29202	CBO	AA MSM AA MSW AA WSM	http://www.cdc.gov/od/oc/media/pressrel/r040521b.htm SCAHC is a CDC-Direct funded CBO. They conduct Rapid CTR, GLI, ILI with VOICES and Between Brothers Program for YAAMSM that includes ILI, GLI, HCPI. They also received \$100,000 for anti-stigma project from Ford Foundation in 2003/2004. SCAHC receives \$189,577 from DHEC for Community-based Syphilis Elimination activities.	None		\$715,763
Richland Community Health Care Assn. 1520 Laurel Street Columbia, SC 29201 (803) 799-8407	RW Title III		CTR Provides counseling and testing through HRSA Title IIIB grant	None		None

HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/ DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
Adolescent Pregnancy Prevention Program	Pregnancy Prevention	Youth	Funded by the South Carolina Department of Social Services http://www.teenpregnancysc.org/index.html Total = \$357,279 Fairfield \$42,298 Lexington \$105,827 Newberry \$38,804 Richland \$170,350	None		None
LRADAC: The Behavioral Health Center of the Midlands 1325 Harden P. O. Box 50597 Columbia, SC 29502	AOD		VOICES Other funded services: Early Intervention Services clients in AOD who may be at risk of HIV infection, Hepatitis C, TB, and other infectious diseases. Staff supported person to provide counseling and link to services.	\$20,000	100%	None
Acercamiento Hispano/Hispanic Outreach PO Box 25277 Columbia, SC 29224-5277 (803) 714-0085	CBO	Hispanic	CTR/OUT Voices	\$40,000	100%	None
REGION 4						
PEE DEE HEALTH DISTRICT – CHESTERFIELD, DARLINGTON, DILLON, FLORENCE, MARLBORO, MARION						
Pee Dee Health District STD/HIV Services 145 E. Cheves Street Florence, SC 29506 (843) 661-4830	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS PCM/ILI HE/RR PI STD diagnosis and treatment	\$575,451	24%	None
Hope Health PO Box 653 Florence, SC 29503 (803) 667-9414	ASO	AAMSM	DHEC Funded: CTR/OUT PCM/OUT (only the outreach component for PCM, (conducting PCM with other funds direct from CDC, see below) http://www.cdc.gov/od/oc/media/pressrel/r040521b.htm CTR GLI, ILI, PCM HopeHealth is a CDC Direct Funded CBO. They also received \$50,000 grant from Pfizer in 2003/2004 for community CTR.	\$50,000	100%	\$380,000
Care South 737 South Main Street Society Hill, SC 29593	RW Title III		CTR OUT			None
Circle Park Behavioral Health Services 601 Gregg Avenue P. O. Box 6196 Florence, SC 29502-4509 Phone: (843) 699-8087 Fax: (843) 678-9721	AOD		CTR Early Intervention Services clients in AOD who may be at risk of HIV infection, Hepatitis C, TB, and other infectious diseases. Staff supported person to provide counseling and link to services.	None		None

**HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND
PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05**

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
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WATEREE HEALTH DISTRICT – CLARENDON, KERSHAW, LEE, SUMTER

Waterree Health District STD/HIV Services PO Box 1628 105 North Magnolia Street Sumter, SC 29150 (803) 773-5511	Public Health	All target populations in the Plan	CTR PCRS PCM/ILI HE/RR PI STD diagnosis and treatment	\$363,638	24%	None
Sandhills Medical Foundation, Inc. P.O. Box 249 Jefferson, SC 29718 (843) 658-3005			CTR/OUT	\$40,000	100%	None
Sumter Commission on Alcohol and Drug Abuse 115 North Harvin Street P. O. Box 39 Sumter, SC 29151-0039 Phone: (803) 775-5080 Fax: (803) 773-6232	AOD		CTR Early Intervention Services clients in AOD who may be at risk of HIV infection, Hepatitis C, TB, and other infectious diseases. Staff supported person to provide counseling and link to services.	None		
We Care Prevention 220 East Calhoun St. Sumter, SC 29150	CBO		CTR	None		None
Adolescent Pregnancy Prevention Program	Pregnancy Prevention	Youth	Funded by the South Carolina Department of Social Services http://www.teenpregnancysc.org/index.html Total = \$219,743 Clarendon \$42,529 Kershaw \$49,251 Lee \$39,971 Sumter \$87,992	None		None

Region 5

EDISTO SAVANNAH (AIKEN, ALLENDALE, BAMBERG, BARNWELL, CALHOUN, ORANGEBURG)

Edisto Savannah Health District STD/HIV Services PO Box 1126 1550 Carolina Avenue Orangenburg, SC 29116 (803) 533-7116	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS PCM/ILI HE/RR PI STD diagnosis and treatment	\$681,328	34%	None
OCAB Community Action Agency PO Drawer 710 1822 Joe Jeffords Hwy Orangenburg, SC 29116-0710 (803) 536.1027	Community Action Agency	HIV+ AAMSM AAMSW AAWSM	CTR/OUT OCAB serves Orangenburg, Calhoun, Allendale, and Bamberg counties.	\$40,000	100%	None

HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
SC State University Brooks Health Center 300 College St. N.E. Orangeburg, SC 29117	University		CTR	None		None
Adolescent Pregnancy Prevention Program	Pregnancy Prevention	Youth	Funded by the South Carolina Department of Social Services http://www.teenpregnancysc.org/index.html Total = \$326,966 Aiken \$94,704 Allendale \$43,133 Bamberg \$35,204 Barnwell \$41,392 Calhoun \$34,564 Orangeburg \$77,969	None		None
The Aiken Center 1105 Gregg Highway Aiken, SC 29802-0535 Phone: (803) 643-1900 Fax: (803) 643-2926	AOD		Early Intervention Services clients in AOD who may be at risk of HIV infection, Hepatitis C, TB, and other infectious diseases. Staff supported person to provide counseling and link to services.	None		None
Tri-County Commission on Alcohol and Drug Abuse 910 Cook Road P. O. Box 1166 Orangeburg, SC 29116 Phone: (803) 536-4900, Ext 132 Fax: (803) 531-8419	AOD		CTR Early Intervention Services clients in AOD who may be at risk of HIV infection, Hepatitis C, TB, and other infectious diseases. Staff supported person to provide counseling and link to services.	None		None
REGION 6						
WACCAMAW HEALTH DISTRICT- GEORGETOWN, HORRY, WILLIAMSBURG						
Waccamaw Health District STD/HIV Services 2830 Oak Street Conway, SC 29526 (843) 365-3126	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS STD diagnosis and treatment	\$346,243	23%	None
CARETEAM, Inc 3926 Wesley Street, Suite 104 Myrtle Beach, SC 29579 Voice: 843.236.9000 Fax: 843.236.9117	ASO	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR/OUT PCM	\$80,000	100%	

HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
Adolescent Pregnancy Prevention Program	Pregnancy Prevention	Youth	Funded by the South Carolina Department of Social Services http://www.teenpregnancysc.org/index.html Total = \$202,131 Georgetown \$52,171 Horry \$102,577 Williamsburg \$47,383	None		None
Shoreline Behavioral 1004 Bell Street P. O. Box 136 Conway, SC 29526 (843) 365-8884	AOD		Early Intervention Services clients in AOD who may be at risk of HIV infection, Hepatitis C, TB, and other infectious diseases. Staff supported person to provide counseling and link to services.	None		None
REGION 7						
TRIDENT HEALTH DISTRICT – BERKELEY, CHARLESTON, DORCHESTER						
Trident Health District STD/HIV Services 4050 Bridge View Drive Suite 600 N. Charleston, SC 29405 (843) 746-3800	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS PCM/ILI HE/RR PI STD diagnosis and treatment	\$664,953	43%	None
Lowcountry AIDS Services Trident HPC 1501 Manley Ave. Charleston, SC 29405 (843) 747.2273 x207	ASO	HIV+ AAMSM AAMSW AAWSM WMSM	CTR/OUT SISTA MPOWERment	\$130,000	100%	None
Medical University of South Carolina Charleston, SC 29401	University/ Medical School	HIV+ women	PCM for HIV+ women who are pregnant (perinatal prevention funds)	\$30,810	100%	
Adolescent Pregnancy Prevention Program	Pregnancy Prevention	Youth	Funded by the South Carolina Department of Social Services http://www.teenpregnancysc.org/index.html Total = \$292,521 Berkeley \$100,900 Charleston \$126,000 Dorchester \$65,621	None		None
Charleston Center 5 Charleston Center Drive Charleston, SC 29401 FAX: (843) 958-3401	AOD		CTR Early Intervention Services clients in AOD who may be at risk of HIV infection, Hepatitis C, TB, and other infectious diseases. Staff supported person to provide counseling and link to services.	None		None
REGION 8						
Low Country Health District STD/HIV Services 1407 King Street Beaufort, SC 29902 (843) 525-7603	Public Health	HIV+ AAMSM AAMSW AAWSM WMSM IDU Hispanic	CTR PCRS PCM/ILI STD diagnosis and treatment	\$317,731	43%	None

HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/ DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
The ACCESS Network, Inc. Low Country HPC & Prevention for Positives Project Rt. 1, Box 1006 Ridgeland, SC 29936 (803) 943.0554 (Hampton) (843) 379.5600 (Ridgeland)	ASO	HIV+ AAMSM AAMSW AAWSM Hispanic	CTR/OUT PCM	\$75,000	100%	None
Low Country Health Care Systems PO Box 990 Fairfax, SC 29827 (803) 632-2533	RW Title III	AAMSM AAMSW AAWSM WMSM IDU	CTR (serves Allendale as well) Provides counseling and testing through HRSA Title IIIB grant	\$40,000	100%	None
Adolescent Pregnancy Prevention Program	Pregnancy Prevention	Youth	Funded by the South Carolina Department of Social Services http://www.teenpregnancysc.org/index.html Total = \$200,033 Beaufort \$78,089 Colleton \$50,666 Hampton \$39,467 Jasper \$39,811	None		None
STATEWIDE						
South Carolina Department of Health and Environmental Control (DHEC) STD/HIV Division Box 101106 1751 Calhoun St. Columbia, SC 29201	Public Health, STD/HIV Prevention Programs	Priority Populations in the Comprehensive HIV Prevention Plan	Community Planning Community Contractor Funds (HE/RR, syphilis elimination) Lab Testing Contract (HIV/STD) STD Treatment Drugs Quality Assurance, and Fiscal & Programmatic Monitoring of Contractors and Public Health Staff delivering: CTR PCRS PCM/ILI HE/RR STD diagnosis and treatment Public Information, Federal Materials Review, and Education Prevention Materials Purchase Evaluation Training and Technical Assistance Capacity Building Grants Management Coordination and Linkages with HIV Surveillance and Care Services http://www.scdhec.gov/hs/diseasecont/stdwk/html/stdindex.htm	\$4,476,262	44%	

HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/ DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
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OTHER PREVENTION AND EDUCATION ORGANIZATION/AGENCIES THAT IMPACT HIV PREVENTION

South Carolina Department of Health and Environmental Control (DHEC) Office of Minority Health Box 101106 1751 Calhoun St. Columbia, SC 29201	Public Health Minority Health & Health Disparities	African American Hispanic	The Minority HIV/AIDS Demonstration Project works to increase the capacity in minority community-based organizations to deliver HIV prevention by 1) creating linkages between community-based, minority serving organizations (CBMSOs) and others, 2) increasing their access to resources, and 3) increasing their knowledge and use of information. Project activities include: HBCU HIV/AIDS Summit, CBMSO Institute, Funding sustainability: Grant writing and Management, 501(c)3 strategies, HIV/AIDS/STD Updates, and the Black Church Week of Prayer for the Healing of AIDS. Project is supported by the US DHHS – Office of Minority Health	None		None
South Carolina Department of Corrections	State Corrections Agency	Young Adults and Adults HIV+ Heterosexual Men & Women	CTR (mandatory testing of all new inmates)	None		None
South Carolina Department of Education (SDE)	State Education Agency	In-School Youth	Comprehensive School Health Education (state law mandated in all 85 school districts 37.5 hours of health education is required for grades 6-8, this instruction must include HIV/STI prevention education, and 750 minutes of instruction on reproductive health and pregnancy prevention during grades 9-12 which includes information on barriers methods of birth control such as condoms). CDC funds for HIV & Healthy School Initiatives: <ul style="list-style-type: none"> HIV Capacity Building for Teachers, CBOs, and other institutions that serve youth (CDC) Healthy Schools Coordinated School Health Capacity Building activities for teachers, districts and others (CDC) Youth Risk Behavior Survey (CDC) http://www.myschools.com/offices/ace/healthyschools/	None	31%	\$625,000
Heritage Community Services 2810 Ashley Phosphate Suite B-10 Charleston, SC 29418 (843) 863-0508	Non-Profit CBO	School Age Youth	Abstinence Only Education, Title V, Section 510 Funding, \$811,757 in federal dollars with a state match of \$600,102 for a total of \$1,411,857. Offices located in: Charleston, Pee Dee area, Greenville, Greenwood, N. Augusta, and Walterboro. Web: http://www.heritageservices.org/	None		None

HIV PREVENTION RESOURCE INVENTORY BY GEOGRAPHIC REGION AND PUBLIC HEALTH REGION/DISTRICT 2006 – Revised 11/29/05

Name of Agency and Contact Information [Note: bold indicates DHEC funded HIV prevention contractor]	Type of Organization	Target Population	Types of Interventions (some services may not be offered in all locations)	CDC/ DHEC STD/HIV Funding	% CDC HIV Only Funds	Direct CDC Funding To CBOs
South Carolina Department of Health and Environmental Control (DHEC) WCS-Family Planning Box 101106 1751 Calhoun St. Columbia, SC 29201	Public Health Women and Children's Services	Youth Young Women of Reproductive Age	Family Planning services are funded through Title X federal block grant dollars. These services are available in all 46 counties and 100 clinic sites and include counseling relative to risk-taking behaviors including risks for HIV/AIDS; screening and, if needed, treatment for sexually transmitted diseases; and providing information about all methods of birth control, including abstinence. http://www.scdhec.net/hs/mch/wcs/fp.htm	None		None
SC Campaign to Prevent Teen Pregnancy 1511 Gregg Street Columbia, SC 29201 803 771.7700	Non-Profit CBO	Youth	SC Campaign to Prevent Teen Pregnancy is the umbrella organization for assisting the Community Adolescent Pregnancy Prevention Initiatives (CAPP) in 35 of the 46 counties in South Carolina funded by the South Carolina Department of Social Services (DSS). These county-based programs work in their communities to reduce the incidence of teen pregnancy through programming that will delay the initiation of sex, reduce the frequency of sex, or increase the use of contraception by sexually active teens. http://www.teenpregnancysc.org/index.html Communities Caring for Teens Project is a CDC funded project, 1 of 5 in the nation. Purpose: To build community and program leadership capacity that will support the implementation of evidence based teen pregnancy prevention programs that address the needs of the community, and to evaluate the effectiveness of these programs	None		None
GUIDE TO ABBREVIATIONS: Organization Types ASO AIDS SERVICE ORGANIZATION AOD ALCOHOL AND OTHER DRUG ABUSE AGENCY OR COMMISSION CBO COMMUNITY BASED ORGANIZATION Target Populations Types HIV+ HIV positive persons AAMSM African American Men Who Have Sex With Men AAMSW African American Men Who Have Sex With Women AAWSM African American Women Who Have Sex with Men WMSM White Men Who Have Sex With Men IDU Injecting Drug User Hispanic Hispanic person at risk			Service/Intervention Types CTR Counseling, Testing and Referral HE/RR Health Education/Risk Reduction ILI Individual Level Intervention GLI Group Level Intervention PCRS Partner Counseling and Referral Services (Partner Notification) PCM Prevention Case Management Out Outreach Disease STD Sexually Transmitted Disease HIV Human Immuno-deficiency Virus Discipline DIS Disease Intervention Specialist HHED HIV Health Educator SW Social Worker			